

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10732381 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4	1					
5		1				
6	1					
7		1				
8						
9	1					
10	1					
11	1					
12	1					
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49						
50						
TOTAL IND.	11					
TOTAL DEP.	5	←	↓	←	↓	←
TOTAL CLAIMS	16	████████	████████	████████	████████	████████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		←	↓	←	↓	←
TOTAL CLAIMS		████████	████████	████████	████████	████████